

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Advanced Practice Nurse Renewal

To renew by mail, please complete this form in its entirety and submit it with the expired renewal fee of \$10.00 to the office address shown in the above corner. **If this document is postmarked after your license expiration you must include a \$50 late fee.**

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address				
Enter Licensee Name	Enter Authorization Number	CE Hours www.pla.IN.gov	Enter Expiration Date	Renewal Fee \$10.00 \$60.00 if Expired
Street Address				
City		State	Zip Code	
Phone Number		Email Address		

QUESTIONS

1. Do you have a current collaborative agreement with an Indiana licensed physician?	Yes	No
2. Have you completed all of your required CE Hours?	Yes	No
3. Do you have a current Indiana RN license?	Yes	No

If you do not have a current collaborative agreement, your prescriptive authority is not valid – DO NOT RENEW.

LICENSEE AFFIRMATION

By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including CE requirements and name change requests, or email the Board at pla2@pla.in.gov.

FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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